APPLICATION FOR LIQUOR LICENSE **MICRODIS CHECKLIS**

MICRODISTILLERY CHECKLIST	
NEBRASKA LIQUOR CONTROLCOMMISSION 301 CENTENNIAL MALL SOUTH PO BOX 95046 LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2814 Website: www.lcc.ne.gov	
Applicant Name	-
E-Mail Address:	-
Web Site Address:	

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

REQUIRED ATTACHMENTS

Microdistillery means a distillery located in Nebraska that is licensed to distill liquor on the premises of the distillery licensee and produces ten thousand or fewer gallons of liquor annually.	
1) Application fee \$400 plus licensee fee \$250 Total \$650 (Check made payable to Nebraska Liquor Control Commission)	
2) Copy of Federal Basic Permit issued by Alcohol and Tobacco Tax and Trade Bureau (TTB)	
3) Alcoholic Liquor Tax Bond, \$1,000 minimum including the Power of Attorney documentation (May use form 115)	
4) Submit diagram to include: a. Facility dimensions and description b. Identify production area c. Any storage area	
5) Copy of business plan	
6) Fingerprint cards for each person (two cards per person) must be enclosed with a check payable the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strong suggest you go to any Nebraska State Patrol office or law enforcement agency listed in the enclose fingerprint brochure.	be gly

7) Enclose the appropriate application forms Individual License (requires insert form 1)
Partnership License (requires insert form 2)
Corporate License (requires insert form 3a & 3c)
Limited Liability Company (LLC) (requires form 3b & 3c)
8) If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company making application. Lease term must rur through the license year being applied for.
9) Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.
I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.
Authorized Signature
Print Name
Print Name Contact Phone Number

	ICATION FOR LIQUOR L ODISTILLERY	ICENSE				
PO BOX 9 LINCOLN PHONE: (FAX: (402	FENNIAL MALL SOUTH 95046 N, NE 68509-5046 (402) 471-2571 2) 471-2814 www.lcc.ne.gov/					
	S OF LICENSE FOR WHICK DESIRED CLASS(S)	CH APPLICAT	ION IS MADE AND FEES			
	Class Z Microdistillery		\$400 plus licensee fee \$250 ck made payable to Nebraska Liquor Control Commission)			
	Class K Catering license (requires catering application form 106) \$100.00					
	Copy of Federal Basic Permit					
	Alcoholic Liquor Tax Bond min	nimum of \$1,000	(form 115 may be used)			
Additio	nal fees may be assessed at city/	village or county	level when license is issued			
Caterir	of license runs from May 1 – Ang license (K) expires same as	craft brewery (b	• '			
CHEC	CK TYPE OF LICENSE FO	R WHICH YO	U ARE APPLYING			
	Individual License (requires ins Partnership License (requires ins Corporate License (requires ins Limited Liability Company (LI	ert form 2) ert form 3a & 3c)	3b & 3c)			
NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable) Commission will call this person with any questions we may have on this application						
Name			Phone number:			

Firm Name____

PREMISE INFORMATION	
Trade Name (doing business as)	
Street Address #1	
Street Address #2	
CityCounty	Zip Code
Premise Telephone number	
Is this location inside the city/village corporate limits:	☐ YES ☐ NO
Mailing address (where you want to receive mail from the Comn	mission)
Name	
Street Address #1	
Street Address #2	
CityState	Zip Code
DESCRIPTION AND DIAGRAM OF THE STRUCTU READ CAREFULLY In the space provided or on an attachment draw the area to be lic and/or sales areas. If only a portion of the building is to be cover (length x width) of the licensed area as well as the dimensions of indicate the direction north and number of floors of the building	censed. This should include storage areas, basement, ared by the license, you must still include dimensions of the entire building. No blue prints please. Be sure to
Lengthfeet Widthfeet	

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

FORM 130 REV 11/2010 PAGE 4

APPLICANT INFORMATION

Char ordin conv chars	anyone who is a party to ge means any charge alloance or resolution. List	this application, or the eging a felony, misde the nature of the charany charges pending a name. NO	neir spouse, <u>EVER</u> meanor, violation or rge, where the char at the time of this a	been convicted of or plead gof a federal or state law; a viege occurred and the year and application. If more than one	olation of a local law, I month of the		
	Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition		
					_		
2. A	2. Are you buying the business of a current retail liquor license? YES NO If yes, give name of business and liquor license number a) Submit a copy of the sales agreement b) Include a list of alcohol being purchased, list the name brand, container size and how many						
3. V		e furniture, fixtures ar	nd equipment		·		
	☐ YES	□ NO					
	If yes, give name and license number						
4. A	re you filing a temporary	_	operate during the	application process?			
		operating permit (for		olds a valid liquor license.			
5. A	re you borrowing any m	oney from any source	e, include family or	friends, to establish and/or of	operate the business?		
	YES	□ NO					
	If yes, list the lender						

FORM 130 REV 11/2010 PAGE 5

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?	
☐ YES ☐ NO	
If yes, explain. (All involved persons must be disclosed on application)	
No silent partners	
7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?	
☐ YES ☐ NO	
If yes, list such item(s) and the owner	
8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or veterans, their wives, and children, or within 300 feet of a college or university campus?	for
☐ YES ☐ NO	
If yes, provide name and address of such institution and where it is located in relation to the premises (Neb Rev. Stat. 53-177)	_
9. Is anyone listed on this application a law enforcement officer?	
☐ YES ☐ NO	
If yes, list the person, the law enforcement agency involved and the person's exact duties	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution	— on.
11. List all past and present liquor licenses held in Nebraska or any other state by any person named in application. Include license holder name, location of license and license number. Also list reason for termin of any license(s) previously held.	

12. List the alcohol related training and persons required are listed as follow a) Individual, applicant only (no b) Partnership, all partners (no c) Corporation, manager only (d) Limited Liability Company,	ved: o spouse) spouses) no spouse) as list	ted on fo		ation. Those	;
Applicant Name	Date Trained		e of program where trained		
	(mm/yyyy)	(nam	e, city)		
leased, submit a copy of the lease cove	ering the entire lissee in the indi	icense y ividual	submit a copy of the deed, or proof of ear. Documents must show title or (s) or corporate name for which the	lease held	in
					_
15. What will be the main nature of bu	siness?				_
16. What are the anticipated hours of o	peration?				_
17. List the principal residence(s) for the	he past 10 years	for all p	ersons required to sign, including spouse	·s.	
RESIDENCES FOR TH	E PAST 10 YEAI	RS, APP	LICANT AND SPOUSE MUST COMPLI	ETE	
APPLICANT: CITY & STATE	YEA FROM	AR TO	SPOUSE: CITY & STATE	YEAR FROM	t TO

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

Signature of Applicant	-	Signature of Spouse	_
Signature of Applicant		Signature of Spouse	_
Signature of Applicant		Signature of Spouse	_
Signature of Applicant		Signature of Spouse	_
Signature of Applicant		Signature of Spouse	-
A	ACKNOWLED	DGEMENT	
State of Nebraska County of		The foregoing instrument was acknowledged bef	ore me this
date	by	name of person acknowledged	
Notary Public signature	Affix	ïx Seal	

In compliance with the ADA, this is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.